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ABSTRACT

This fact sheet on epilepsy is offered in both English and Spanish. It provides a definition, information on incidence, typical characteristics, and educational implications. It notes that epilepsy is classified as "other health impaired" under the Individuals with Disabilities Education Act and that students with epilepsy are eligible for special educational services. These include adaptations in classroom instruction and first aid instruction on seizure management for the child's teachers. The importance of communication between family and school is stressed. The fact sheet lists four print resources and two organizations. (DB)

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# NICHCY

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General Information About

## EPILEPSY

### ✧ Definition ✧

According to the Epilepsy Foundation of America, epilepsy is a physical condition that occurs when there is a sudden, brief change in how the brain works. When brain cells are not working properly, a person's consciousness, movement, or actions may be altered for a short time. These physical changes are called epileptic seizures. Epilepsy is therefore sometimes called a seizure disorder. Epilepsy affects people in all nations and of all races.

Some people can experience a seizure and not have epilepsy. For example, many young children have convulsions from fevers. These febrile convulsions are one type of seizure. Other types of seizures not classified as epilepsy include those caused by an imbalance of body fluids or chemicals or by alcohol or drug withdrawal. A single seizure does not mean that the person has epilepsy.

### ✧ Incidence ✧

About two million Americans have epilepsy; of the 100,000 new cases that develop each year, three quarters of them are in children and adolescents.

### ✧ Characteristics ✧

Although the symptoms listed below are not necessarily indicators of epilepsy, it is wise to consult a doctor if you or a member of your family experiences one or more of them:

- "Blackouts" or periods of confused memory;
- Episodes of staring or unexplained periods of unresponsiveness;
- Involuntary movement of arms and legs;
- "Fainting spells" with incontinence or followed by excessive fatigue; or
- Odd sounds, distorted perceptions, episodic feelings of fear that cannot be explained.

Seizures can be generalized, meaning that all brain cells are involved. One type of generalized seizure consists of a convulsion with a complete loss of consciousness. Another type looks like a brief period of fixed staring.

Seizures are partial when those brain cells not working properly are limited to one part of the brain. Such partial seizures may cause periods of "automatic behavior" and altered consciousness. This is typified by purposeful-looking behavior, such as buttoning or unbuttoning a shirt. Such behavior, however, is unconscious, may be repetitive, and is usually not recalled.

### ✧ Educational Implications ✧

Students with epilepsy or seizure disorders are eligible for special education and related services under the Individuals with Disabilities Education Act (IDEA), formerly the Education of the Handicapped Act (Public Law 94-142). Epilepsy is classified as "other health impaired" and an Individualized Education Program (IEP) would be developed to specify appropriate services. Some students may have additional conditions such as learning disabilities along with the seizure disorders.

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Seizures may interfere with the child's ability to learn. If the student has the type of seizure characterized by a brief period of fixed staring, he or she may be missing parts of what the teacher is saying. It is important that the teacher observe and document these episodes and report them promptly to parents and to school nurses.

Depending on the type of seizure or how often they occur, some children may need additional assistance to help them keep up with classmates. Assistance can include adaptations in classroom instruction, first aid instruction on seizure management to the student's teachers, and counseling, all of which should be written in the IEP.

It is important that the teachers and school staff be informed about the child's condition, possible effects of medication, and what to do in case a seizure occurs at school. Most parents find that a friendly conversation with the teacher(s) at the beginning of the school year is the best way to handle the situation. Even if a child has seizures that are largely controlled by medication, it is still best to notify the school staff about the condition.

School personnel and the family should work together to monitor the effectiveness of medication as well as any side effects. If a child's physical or intellectual skills seem to change, it is important to tell the doctor. There may also be associated hearing or perception problems caused by the brain changes. Written observations of both the family and school staff will be helpful in discussions with the child's doctor.

Children and youth with epilepsy must also deal with the psychological and social aspects of the condition. These include public misperceptions and fear of seizures, uncertain occurrence, loss of self control during the seizure episode, and compliance with medications. To help children feel more confident about themselves and accept their epilepsy, the school can assist by providing epilepsy education programs for staff and students, including information on seizure recognition and first aid.

Students can benefit the most when both the family and school are working together. There are many materials available for families and teachers so that they can understand how to work most effectively as a team.

### ✧ Resources ✧


Epilepsy Foundation of America. (1983). *Epilepsy: You and Your Child, Information for Parents.* Landover, MD: Epilepsy Foundation of America.

Freeman, John M., Vining, Eileen, P.G., Pillas, Diana J. (1990). *Seizures and Epilepsy in Childhood: A Guide for Parents.* Baltimore, MD: The Johns Hopkins University Press. (Telephone: 800-537-5487.)

Kobrin, Eileen R. (1991). *Issues and Answers: A Guide for Parents of Teens and Young Adults with Epilepsy.* Landover, MD: Epilepsy Foundation of America. (Telephone: 800-EFA-1000.)

Reisner, H. (Ed.). (1988). *Children with Epilepsy: A Parent's Guide.* Kensington, MD: Woodbine House. (Telephone: 301-468-8800 (in D.C.); 800-843-7323.)


### ✧ Organizations ✧

Epilepsy Foundation of America (EFA)
4351 Garden City Drive, Suite 406
Landover, MD 20785
(301) 459-3700; (800) EFA-1000 (Toll Free)

National Institute of Neurological Disorders and Stroke (NINDS)
National Institutes of Health
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(301) 496-5751


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**For more information contact NICHCY.**

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Información General Sobre

## LA EPILEPSIA

### ✧ Definición ✧

De acuerdo a la Fundación de Epilepsia de América (Epilepsy Foundation of America), la epilepsia es una condición física que ocurre cuando hay un breve pero repentino cambio en el cerebro. Cuando las células cerebrales no están funcionando bien, la conciencia, movimientos, o acciones de una persona pueden alterarse por un breve período de tiempo. Estos cambios físicos se conocen como un ataque epileptico.

Aunque algunas personas pueden experimentar un ataque, esto no quiere decir que tienen epilepsia. Por ejemplo, muchos niños jovenes pueden sufrir convulsiones como resultado de una fiebre alta. Estas convulsiones febriles constituyen sólo un tipo de ataque. Otros tipos de ataques no clasificados como epilepsia incluyen los ataques precipitados por un desnivel de los líquidos del cuerpo o por el abandono del hábito de drogas o alcohol. Un ataque único no quiere decir que la persona tenga epilepsia.

### ✧ Incidencia ✧

En los Estados Unidos, hay más o menos dos millones de personas con epilepsia; y de los 100,000 casos nuevos que son descubiertos cada año, tres cuartos de éstos son niños y adolescentes.

### ✧ Características ✧

Aunque los síntomas que aparecen abajo no son necesariamente indicativos de la epilepsia, es bueno consultar a un médico si Ud. o algún miembro de su familia experimenta uno o más de éstos:

- Momentos de ausencia o períodos de confusión en cuanto a la memoria;
- Episodios de mirada fija o falta de atención, como si estuviera soñando despierto;
- Movimientos incontrolables de los brazos y piernas;
- Desmayo con incontinencia o seguido por fatiga excesiva; o
- Sonidos raros, percepción distorsionada, o inexplicables sentimientos de temor.

Los ataques pueden generalizarse, o sea que éstos pueden comprender todo el cerebro. Un tipo de ataque generalizado consiste de convulsiones con una pérdida de conciencia. Otro tipo aparenta un breve período de mirada fija.

Los ataques son clasificados de parciales cuando las células que no están funcionando bien se limitan a una parte del cerebro. Tales ataques parciales pueden causar períodos de "comportamiento automático" y conciencia alterada. Típicamente, esto puede significar un comportamiento que aparenta tener un propósito, tal como abotonarse la camisa, pero que puede ser inconsciente y repetitivo, y que no se recuerda.

### ✧ Implicaciones en la Educación y Empleo ✧

Los estudiantes con epilepsia o que son propensos a los ataques son elegibles para recibir servicios de educación especial bajo el Acta para la Educación de los Individuos con Discapacidades (IDEA), anteriormente conocido como el Acta para la Educación de las Personas con Impedimentos (Ley Pública 94-142). La epilepsia se clasifica como "impedimento a la salud" (other health impaired) y la escuela y los padres tienen que desarrollar un Plan de Educación Individual (IEP) a fin de especificar los servicios apropiados. Algunos estudiantes pueden tener impedimentos en el aprendizaje, y algunos pueden tener otras condiciones aparte de los ataques.

Algunos ataques pueden interferir con las capacidades para el aprendizaje. Si el estudiante tiene el tipo de ataque caracterizado por un breve período de mirada fija, él o ella posiblemente pierda

parte de lo que diga el profesor. Es importante que el profesor observe y documente esos episodios e informe a los padres y a la enfermera de la escuela.

Dependiendo del tipo de ataque o cuán seguido éstos ocurran, algunos niños pueden necesitar ayuda para poder mantenerse al mismo nivel de los demás alumnos. Esta asistencia puede incluir adaptaciones en el estilo de instrucción dentro de la sala de clases, instrucción para los profesores sobre cómo asistir al niño durante un ataque, y asesoría. Todo esto deberá ser incluido en el Plan de Educación Individual (IEP).

Es importante que los profesores y personal de la escuela comprendan la condición del niño, los posibles efectos de los medicamentos, y qué hacer en el caso de que el niño tenga un ataque en la escuela. La mayoría de los padres encuentran que una conversación con los profesores al comienzo del año da buenos resultados. Aunque el niño tenga ataques que son controlados mediante medicamentos, es mejor que el personal de la escuela esté informado sobre la condición del niño.

El personal de la escuela y la familia deben trabajar juntos para controlar la efectividad de los medicamentos y cualquier efecto producido por éstos. Es importante avisarle al doctor si se nota algún cambio en las destrezas físicas o intelectuales del niño. También pueden ocurrir problemas auditivos o en la percepción, por causa de cambios cerebrales. Las observaciones escritas por parte de la familia y personal de la escuela podrán ayudar en futuras discusiones con el doctor del niño.

Los niños y jóvenes con epilepsia deben también tratar con los aspectos psicológicos y sociales de la condición. Esto incluye la manera en que el público percibe los ataques, el miedo de ocurrencias desconocidas, la pérdida de control durante el ataque, y cumplimiento con los medicamentos. Para ayudar a los niños a sentirse más seguros de sí mismos y para que éstos acepten el hecho de tener epilepsia, la escuela puede proveer, al personal y alumnos, un programa de educación sobre la epilepsia, incluyendo cómo reconocer un ataque y primeros auxilios.

Los estudiantes pueden beneficiarse más cuando la familia y la escuela trabajan juntos. Hay muchos materiales disponibles para las familias y profesores para que éstos puedan trabajar efectivamente como equipo.

### ✧ Recursos ✧


Epilepsy Foundation of America. (1987). *La Epilepsia y Su Niño*. Landover, MD: Epilepsy Foundation of America.

Freeman, John M., Vining, Eileen, P.G., Pillas, Diana J. (1990). *Seizures and Epilepsy in Childhood: A Guide for Parents*. Baltimore, MD: The Johns Hopkins University Press. (Teléfono: (800) 537-5487.)

Kobrin, Eileen R. (1991). *Issues and Answers: A Guide for Parents of Teens and Young Adults with Epilepsy*. Landover, MD: Epilepsy Foundation of America. (Teléfono: (800) EFA-1000.)

Reisner, H. (Ed.). (1988). *Children with Epilepsy: A Parent's Guide*. Kensington, MD: Woodbine House. (Teléfono: (301) 468-8800 (en Washington, DC); (800) 843-7323.)


### ✧ Organizaciones ✧

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